

DIRECTIONS TO APPLY FOR AN OCCUPATIONAL EDUCATION LICENSE

STEP 1

OBTAIN THE FOLLOWING:

- 1. Application for Occupational License (Complete Part I)**
Application must be signed
- 2. Qualification Sheet (Complete both sides)**
- 3. Verification of full-time employment**

HEALTH SCIENCE TEACHERS: Applicant shall have completed three years of successful employment within the past five years in a state approved health care facility.

(Ex: hospital, nursing home, rehab center, dental or medical office, home health, day surgery center, etc.) (NOTARIZED LETTERS ON HEALTH CARE LETTERHEAD MUST BE INCLUDED VERIFYING WORK EXPERIENCE) The health science teacher will be required to hold an associate or higher degree and hold current licensure, registration or certification in an allied health occupation or as a registered nurse in Tennessee.

TRADE AND INDUSTRY TEACHERS: Applicant shall have a minimum of five years of appropriate work experience, within the last 8 years, in the field for which application is made. Employer must sign verification sheets or original letters on company letterhead verifying work experience. Verification sheets must be notarized. (POST-SECONDARY EDUCATION IN THE OCCUPATIONAL AREA IN WHICH CERTIFICATION IS REQUESTED MAY BE SUBSTITUTED AS FOLLOWS):

- ☐ Appropriate post-secondary training in the teaching area, an associate degree, or industry certification may be substituted for up to two years of work experience.
- ☐ A combination of an associate degree related to the teaching area and industry certification may be substituted for four years of work experience.
- ☐ A bachelor's degree or higher degree related to the teaching area may be substituted for four years of work experience.

- 4. Education verification (must submit all official transcripts)**

HEALTH SCIENCE: Must submit all official transcripts from: (Medical School, University, College)

TRADE AND INDUSTRY: Must submit all official transcripts from: (University, College, High School, GED Scores)

COSMETOLOGY AND/OR BARBERING INSTRUCTOR APPLICANTS:

Must submit a notarized copy of current Tennessee operator and instructor's license Issued by the Board of Cosmetology or the Barber Examiners of Tennessee.

REGISTERED NURSE OR ALLIED HEALTH APPLICANTS:

Must submit a notarized copy of current valid Tennessee Health license from Tennessee Health Related Boards or Tennessee state approved nationally recognized credential agency.

PLEASE SUBMIT ITEMS LISTED IN STEP 1 TO:

Jerry Dale
Office of Teacher Licensing
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
(615) 532-4878

STEP 2

The Apprentice Occupational License is issued for five years and may only be used or three years of employment during the five-year period. During the three years of employment, the teacher must: (Verification of current Industry Certification is required for all advancement applications)

- I. Attend a three-day or 18 contact hour pre-service training for occupational licensed teachers during their first year of teaching unless otherwise noted. This pre-service training will be non-credit and no tuition cost. Attendance is required as part of the licensing process. Certificates will be issued as part of the validation requirements. (Documentation Required)
- II. Complete a teacher preparation program designed to meet the knowledge and skills of occupation teachers (up to 18 hours). These courses must be completed within the three years of employment (At least 6-semester hour must be completed in the first year of teaching). Contact one of the following teacher-preparation institutions to begin the teacher training:

Dr. Carroll Hyder
East Tennessee State University
P.O. Box 22600A
Johnson City, Tennessee 37601
(423) 439-4890

Dr. Dulcey Pecolo
University of Tennessee-Knoxville
310 Jesse Harris Building
Knoxville, Tennessee 37996-1900
(865) 974-5200

Dr. Ronald McBride (T & I only)
Middle Tennessee State University
P.O. Box 19
Murfreesboro, Tennessee 37132
(615) 898-2095

Dr. Harry Smith
Tennessee Technological University
Bartoo Hall, Room 309
Cookeville, Tennessee 38501
(931) 372-3207

Dr. Jo Edwards (Health Occupations)
Middle Tennessee State University
P.O. Box 81
Murfreesboro, Tennessee 37132
(615) 898-2095

Dr. Phyliss B. Noah (ask for Elaine)
Lincoln Memorial University
Avery Hall, Box 2000
Cumberland Gap Parkway
Harrogate, Tennessee 37752
(423) 869-6247

Ed Orio
University of Memphis
Education Building, Room 215
Memphis, Tennessee 38152
(901) 678-2728

Meg Farrell
University of Tennessee Chattanooga
Department 5255
212 Siskin Building
Chattanooga, Tennessee 37403
(423) 425-4022

(Official transcripts and letter of completion of knowledge and skills are required from Certification Officer).

- III. Complete four days of observation of other teachers during the current school year. The first two visits are to be conducted during the first fifty days of teaching. The first visit will be in the occupational area of teaching in another school and the second visit will be in the occupational area or related academic area. The remaining two visits will be completed at another school in the occupational area or related academic area. The principal and/or vocational director will approve the visits. The visitations must be documented on the attached form (Documentation Required).
- IV. Be assigned a mentor teacher by the local education agency. (Documentation Required)
- V. Attend two days of professional development during the school year. The program consultant will announce the date, time, and place. (Documentation Required)

- VI. Complete three years of teaching in an approved school and receive a positive recommendation based on evaluation by the local education agency under the Framework for Evaluation and Professional Growth.

OCCUPATIONAL TEACHER'S CREDENTIALS

Name: _____ Social Security Number: _____

System: _____

The following must be completed to advance to a Professional License (after 3 years).

- Three Days Pre-Service (certificates must be submitted in the packet) Date Completed: _____
- Up to 18 Semester Hours of Approved College Credit (an official transcript and a letter of completion signed by the Certification Officer.) Date Completed: _____
- Two days of Approved Professional Development (certificates must be submitted in the packet) Date Completed: _____

Four one-day visits

Visit 1 _____ Date Completed: _____
School and Instructor

Visit 2 _____ Date Completed: _____
School and Instructor

Visit 3 _____ Date Completed: _____
School and Instructor

Visit 4 _____ Date Completed: _____
School and Instructor

This is to confirm all required work has been completed to advance:

Signed: _____
(Teacher's Signature)

Signed: _____
(Mentor's Signature)

Signed: _____
(Administrator's Signature and Title)

**VERIFICATION OF OCCUPATIONAL EXPERIENCE
(T & I only)**

Use this section to report occupational work experience. The information should indicate the place of work, the type of work, and the dates of work, including the hours per week. The statement must be signed by the employer and notarized. In lieu of this form, the teacher may submit a signed statement on company letterhead.

Employer Signature

Date

Street Address/P.O. Box

City

State

Zip Code

State of Tennessee, _____ County, _____
(Employer)
personally appeared before me, _____, a Notary Public in
and for said County. Sworn and subscribed before me, this _____ day of _____,
20____.

Notary Signature

Place Notary Seal Below